

AMENDMENT TRANSMITTAL LETTER				Docket Number VPM-01401	
Application Number 10/551,544	Filing Date February 21, 2006	First Named Inventor: Osamu KURAI		Group Art Unit 2169	
Invention Title SEARCH DEVICE AND INFORMATION PROVIDING SYSTEM				Examiner Cecile H. VO	

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application, including:

(X) Amendment and Response;
(X) Amendment Transmittal; and

CLAIMS AS AMENDED

	(1)		(2)	(3)		
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA	RATE	FEE
TOTAL CLAIMS	19	Minus	26	0	x \$ 52	\$
INDEPENDENT CLAIMS	5	Minus	7	0	x \$220	\$
MULTIPLE DEPENDENT CLAIM ADDED					\$390	\$
					TOTAL	\$
If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here.				SMALL ENTITY TOTAL		\$

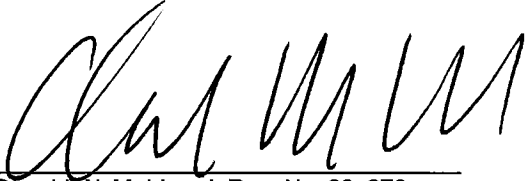
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the highest number previously paid for Total Claims in column 2 is less than 20, enter "20."
 *** If the highest number previously paid for Independent Claims in column 2 is less than 3, enter "3."
 The "highest number previously paid for" (total or independent) is the highest number found in the appropriate box in column 1.

() Please charge **Deposit Account Number 503596** in the amount of \$ _____. A duplicate copy of this sheet is enclosed.

() Please charge \$ _____ to our credit card. Attached is PTO Form 2038.

() A check in the amount of \$ _____ to cover the filing fee is enclosed.

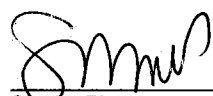
(X) Please credit any overpayment and/or charge any additional filing fees required under 37 CFR §§ 1.16 and 1.17 to our **Deposit Account Number 503596**.



Donald W. Muirhead, Reg. No. 33, 978
September 7, 2011
Date

Customer No. 54004

I hereby certify that the foregoing documents are being deposited with the Commissioner for Patents P.O. Box 1450, Alexandria, VA, 22313-1450 via Electronic Filing using EFS on September 7, 2011.



Sandra Pires